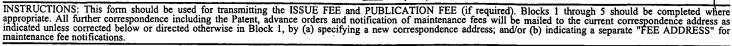
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name) (Signature) (Date

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/991,701	11/26/2001	Ho-Seop Jeong	053933-5015	3923	

TITLE OF INVENTION: OPTICAL PICK-UP ACTUATOR

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL F	EE(S) DUE	DATE DUE
nonprovisional	МО	\$1 330 \$1371		\$300	\$1630 \$167 ₀		11/02/2004
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
TRAN,	THANG V	2653		369-044160	-		
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		 For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 			1_MORGAN, LEWIS & 2_BOCKIUS LLP 3		
3. ASSIGNEE NAME AND	D RESIDENCE DATA TO E	E PRINTED ON T	HE PATEN	T (print or type)			
PLEASE NOTE: Unles recordation as set forth i	s an assignee is identified b in 37 CFR 3.11. Completion	elow, no assignee of this form is NO	data will ap F a substitute	pear on the patent. If an assign for filing an assignment.	iee is identifi 10/2//200	ed below, the d	locument has been filed for

09991701

(A) NAME OF ASSIGNEE

Samsung Electro-Mechanics Co., Ltd.

(B) RESIDENCE: (CITY and STATE OR COUNTRY) 1501

1370.00 DA

Kyunggi-Do, Republic

300.00 DA

12.00 DA

Please check the appropriate assignee category or categories (will	not be printed on the patent); undividual XX corporation or other private group entity ugover	mment				
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):					
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X Publication Fee (No small entity discount permitted)	☐ Payment by credit card. Form PTO-2038 is attached.					
XO Advance Order - # of Copies	The Director is hereby authorized by charge the required fee(s), or credit any overpayme Deposit Account Number 50-0310 (enclose an extra copy of this form).	ent, to Any				

5. Change in Entity Status (from status indicated above)

deficiencies

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. XX b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

Keg 41,040 October 26, 2004 Robert

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